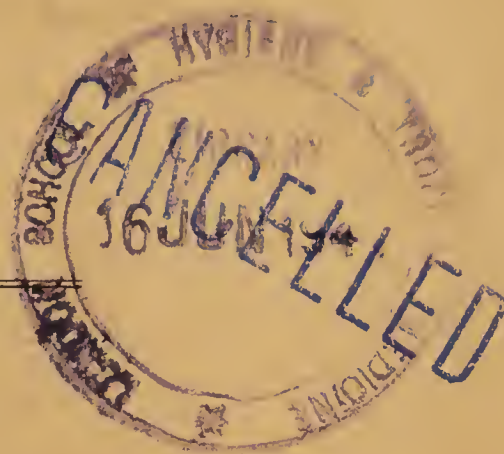


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SWAZILAND.



ANNUAL MEDICAL AND SANITARY REPORT

FOR THE YEAR ENDED

31st DECEMBER, 1929.

PRINTED BY
WATERLOW AND SONS LIMITED, LONDON WALL, LONDON,
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SWAZILAND.

ANNUAL MEDICAL AND SANITARY REPORT FOR THE YEAR ENDED 31st DECEMBER, 1929.

I. ADMINISTRATION.

(A) Staff.

EUROPEAN.

- 1 Principal Medical Officer.
- 1 Medical Officer.
- 3 Doctors (Subsidized).
- 3 Hospital Assistants and Dispensers.
- 1 Typist.
- 1 Female Nurse.
- 2 Female Nurses (Subsidized).

NATIVE.

- 5 Male Orderlies.
- 2 Female Orderlies.
- 1 Laundress.
- 3 Male Employees.

One male Native Orderly and two female Native Orderlies were appointed during the year.

(B) List of Ordinances affecting Public Health enacted during the Year.

The Swaziland Medical, Dental and Pharmacy Proclamation.
(No. 38 of 1929.)

(C) Financial.

The revenue earned by the Department was £164 6s. 9d., and the expenditure £8,546 14s. 5d. The ratio of medical expenditure to the total revenue of the Territory was as 1 to 15.

II. PUBLIC HEALTH.

(a) General Remarks.

(I) GENERAL DISEASES.

The health of the country during the year was good. This is, unfortunately, only an impression, as there is no system of notification, or registration, of births and deaths amongst the Native population. There is no doubt that the Natives are availing themselves more and more every year of the advantages of hospitals and of scientific methods of treatment; the work done at the Government Hospital at Hlatikulu and at the Mission Hospitals at Bremersdorp and Mahamba proves this.

There is still a very long way to go before the influence of the witch doctor is appreciably affected. He has probably as great an influence over the Swazi as over any other African race, but education and the gradual influence brought to bear by every successful application of European methods of treatment should wear this influence down in time. The types and the numbers of general diseases vary very little from year to year. They are much the same as those found in temperate climes.

In the higher parts of the country diseases of the respiratory system are fairly common. Fortunately Pneumonia is not common; only a small part of Swaziland reaches the altitude at which Pneumonia is such a serious disease during the South African winter. Asthma is common; there is a good deal of it amongst the Natives, and it has been noticed, time and again, that if a white visitor has the slightest tendency to this disease it is sure to develop within a few days after arrival in the Territory.

A striking feature is the prevalence of epilepsy amongst the Natives.

Rheumatism is common in the higher parts of the country. A frequent complaint, especially amongst the children, is scabies, though it is not nearly so bad as it was some years ago, as there is a constant demand for sulphur ointment. Nephritis is not common and a case of glycosuria is very rare amongst the Natives.

I feel certain that cancer is not nearly so frequent amongst the Natives as it is amongst the European population. Although the European population is less than one-fiftieth of the Native the number of cases of cancer I have seen amongst the former is much greater than amongst the latter. Undoubtedly many Native cases are never seen by European doctors, but even so the disparity in numbers, especially in proportion to population, is so great as to force one to the conclusion that the disease is not common amongst the Natives.

(II) COMMUNICABLE DISEASES.

An outbreak of malaria, of the aestivo-autumnal form, is to be expected every year in the lower parts of the country. It is at its worst during the months of March and April. Its severity varies much from year to year, depending on the climatic conditions. This year it assumed a very acute form following late rains and prolongation of summer weather conditions.

No case of black-water fever was recorded. In this Territory black-water fever is not likely to occur during a malaria outbreak; it is usually found in the winter, after a series of relapses of imperfectly treated malaria.

There is no other insect-borne disease.

INFECTIOUS DISEASES.

Unusually few cases belonging to the Enteric group occurred during the year.

As usual a number of cases of amoebic dysentery occurred sporadically all over the country and a few cases of resulting liver abscess were found. There was no outbreak of bacillary dysentery.

A few cases of mumps, measles, and whooping cough were found, but there was no widespread epidemic of any of the infectious fevers.

Tuberculosis is probably slowly on the increase, but the fact that the Natives live in kraals well isolated from each other and not huddled together in inadequate and unsuitable buildings, keeps them fairly free from this disease

The number of cases of syphilis treated each year would lead one to suspect that this disease is on the increase, but I consider that this apparent increase is due, partly to increased facilities for treatment, and partly to an increasing confidence of the Native in modern methods of treatment.

Hospital figures would indicate that gonorrhoea is not a common disease, but this is far from being a fact. It is unfortunate that the Natives do not consider it a serious disease and have not the confidence in European methods of treatment that they have in the case of syphilis.

HELMINTHIC DISEASES.

Taeniasis is very common, and will continue to be so as long as the pig is expected to find its living as a kraal scavenger.

Ascariasis is fairly common among the children, and Oxyuris Vermicularis is found occasionally.

Schistosomiasis is a common complaint in all parts of the country below an altitude of about 3,000 feet.

VITAL STATISTICS.

(1) *General Native Population.*

Estimated population in 1929—119,500.

No other statistics are available.

(2) *General European Population.*

Estimated number of residents—2,610.

Total deaths—26.

Percentage of deaths to total residents—0.91.

(3) *European Officials.*

Table showing the Sick, Invaliding and Death Rates of European Officials.

	1927.	1928.	1929.
1. Total number of officials resident ...	83	85	88
2. Average number resident ...	80	80	84
3. Total number on Sick List ...	7	16	17
4. Total number of days on Sick List	201	617	628
5. Average daily number on Sick List	0.55	1.7	1.7
6. Percentage of sick to average number resident ...	0.68	2.12	2.02

	1927.	1928.	1929.
7. Average number of days on Sick List for each patient	28·71	38·56	36·9
8. Average sick time to each resident	2·5	7·71	7·47
9. Total number invalided	Nil	Nil	Nil
10. Percentage of invalidings to total residents	Nil	Nil	Nil
11. Total deaths	Nil	2	Nil
12. Percentage of deaths to total residents	Nil	2·35	Nil
13. Percentage of deaths to average number resident... ..	Nil	2·5	Nil
14. Number of cases of sickness contracted away from residence ...	Nil	Nil	Nil

(4) *Native Officials.*

Table showing the Sick, Invaliding and Death Rates of Native Officials.

	1927.	1928.	1929.
1. Total number of officials resident ...	144	145	140
2. Average number resident ...	135	135	130
3. Total number on Sick List ...	49	55	50
4. Total number of days on Sick List	262	650	610
5. Average daily number on Sick List	0·71	1·78	1·67
6. Percentage of sick to average number resident... ..	0·49	1·31	1·28
7. Average number of days on Sick List for each patient	5·34	11·81	12·2
8. Average sick time to each resident	1·9	4·81	4·69
9. Total number invalided	Nil	Nil	Nil
10. Percentage of invalidings to total residents	Nil	Nil	Nil
11. Total deaths	Nil	Nil	Nil
12. Percentage of deaths to total residents	Nil	Nil	Nil
13. Percentage of deaths to average number resident... ..	Nil	Nil	Nil
14. Number of cases of sickness contracted away from residence ...	1	2	2

III. HYGIENE AND SANITATION.

There is no Sanitary Department.

(a) General Review of Work Done and Progress Made.

I. PREVENTIVE MEASURES.

Mosquito and Insect-Borne Diseases.—A free distribution of Quinine is made.

As far as the Natives are concerned it is impossible to make their dwellings mosquito-proof, even if the expense could be borne by them. It is far beyond the resources of the Administration to have a proper malaria survey or to undertake any form of special control of mosquitoes.

Epidemic Diseases.—Typhoid vaccine is administered as required and the water supply of urban areas is made as free from infection as possible.

Helminthic Diseases.—Only a spread of the knowledge of the causes of these diseases will have any effect. Apart from Schistosomiasis the Natives do not attach much importance to any of them.

II. GENERAL MEASURES OF SANITATION.

The bucket latrine system is used in the townships, under control of the Government. Persons residing outside townships are required to conform to this system. The water supply is fairly good. Drinking water is usually obtained from springs—Swaziland is well watered. Sanitary inspections are made regularly.

III. SCHOOL HYGIENE.

This is under the control and direction of the teachers at the various schools. Medical officers inspected the buildings regularly and these are in a satisfactory condition.

IV. LABOUR CONDITIONS.

The only industries employing any large number of Natives are the Tin Mines ; they are alluvial mines and there is no underground work. Apart from this, most of the Natives who are employed in the Territory are on farms.

V. HOUSING AND TOWN PLANNING.

There is nothing to report under this head.

VI. FOOD IN RELATION TO HEALTH AND DISEASE.

There was a plentiful supply of wholesome food.

(b) Measures taken to spread the knowledge of Hygiene and Sanitation.

Elementary instruction in hygiene and sanitation forms part of the ordinary school curriculum.

(c) Recommendations for Future Work.

The appointment of a medical officer to take charge of Public Health should be of considerable assistance. The appointment of such an officer is under consideration.

IV. PORT HEALTH WORK AND ADMINISTRATION.

Not applicable.

V. MATERNITY AND CHILD WELFARE.

There is nothing to report under this head.

VI. HOSPITALS, DISPENSARIES AND VENEREAL CLINICS.

262 patients were admitted into the Mbabane Government Hospital during the year, which with the 23 remaining from the previous year gives a total of 285 persons treated. There were 8 deaths. The chief causes of admission were: Syphilis, Malaria and Injuries. The construction of the new Mbabane Hospital was not proceeded with, but it is hoped that it will be built soon.

97 patients were admitted into the Hlatikulu Government Hospital. There were 4 deaths.

279 patients were treated in the Bremersdorp Mission Hospital as in-patients, and of these 54 were Europeans. This Hospital has the best accommodation for Europeans in the Territory and the largest staff. There were 7 deaths. 239 patients were treated as in-patients in the Mahamba Mission Hospital; no deaths.

TABLE I.

MEDICAL STAFF.

DR. R. JAMISON, Principal Medical Officer.

DR. F. A. DONNOLLY, Medical Officer (resigned).

SUBSIDIZED DOCTORS.

DR. C. S. GIBBONS, Mbabane ; DR. D. HYND, Bremersdorp ;
DR. A. T. TILL, Mahamba.

PRINCIPAL MEMBERS OF THE SUBORDINATE STAFF.

MR. H. R. BARNARD, Hospital Assistant ; MR. J. O'N.
ANDERSON, Hospital Assistant ; MR. A. G. LUNNIS, Hospital
Assistant ; MRS. M. L. ANDERSON, Typist ; MRS. ROSE, Nurse.

SUBSIDIZED.

MISS PELLEY, Nurse ; MISS CARPENTER, Nurse.

PRINCIPAL CHANGES.

MRS. M. L. ANDERSON, Typist, resigned during the year.

TABLE II.

Revenue of Swaziland	...	...	...	£124,828	3	1
Expenditure of Swaziland	...	...	...	£118,330	11	1

TABLE III.

This table cannot be compiled.

TABLE IV.

METEOROLOGICAL RETURN FOR THE YEAR 1929.

Station—Mbabane.

				Temperature.			Rainfall. Inches.
				Max.	Min.	Mean.	
January	...	...	...	87	52	67.2	10.68
February	...	...	...	84	45	66.4	8.21
March	...	...	...	84	45	63.0	17.21
April ...	...	...	...	84	42	61.6	1.48
May ...	...	...	...	84	39	61.6	1.33
June ...	...	...	...	77	36	56.2	0.99
July ...	...	...	...	78	36	56.4	0.85
August	...	...	...	84	30	54.1	1.24
September	...	...	...	85	43	62.2	4.87
October	...	...	...	86	48	63.4	14.11
November	...	...	...	87	45	65.6	8.09
December	...	...	...	85	40	65.7	8.68

TABLE V.

HOSPITAL OR INSTITUTION.

GOVERNMENT HOSPITAL, MBABANE.

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1929.

Diseases.	Remaining in Hospital at end of 1928.	Yearly Admis- sions.	Total Deaths.	Total Cases Treated.	Remaining in Hospital at end of 1929.
I.—EPIDEMIC, ENDEMIC AND INFECTIOUS DIS- EASES.					
Malaria (a) Tertian ...	5	18	—	23	—
Dysentery (a) Amoebic ...	1	1	—	2	—
Tuberculosis of Bones and Joints ...	2	5	—	7	—
Syphilis (b) Secondary ...	6	134	4	140	13
Soft Chancre ...	—	2	—	2	—
Gonorrhoea and its complica- tions ...	—	3	—	3	—
Carried forward ...	14	163	4	177	13

TABLE V. MBABANE HOSPITAL.—*Continued.*

Diseases.	Remaining in Hospital at end of 1928.	Yearly Admis- sions.	Total Deaths.	Total Cases Treated.	Remaining in Hospital at end of 1929.
Brought forward ...	14	163	4	177	13
II.—GENERAL DISEASES NOT MENTIONED ABOVE.					
Tumours (Non-malignant) ...	1	2	—	3	—
Acute Rheumatism ...	1	6	—	7	—
Scurvy ...	—	3	—	3	—
Other General Diseases ...	1	2	—	3	—
III.—AFFECTIONS OF THE NERVOUS SYSTEM AND ORGANS OF THE SENSES.					
Epilepsy ...	—	2	—	2	—
Affections of the Organs of Vision ...	2	1	—	3	—
Affections of the Ear ...	—	2	—	2	—
IV.—AFFECTIONS OF THE CIRCULATORY SYSTEM.					
Diseases of the Veins ...	—	—	—	—	—
Hæmorrhoids ...	—	1	—	1	—
Phlebitis ...	—	1	—	1	1
V.—AFFECTIONS OF THE RESPIRATORY SYSTEM.					
Bronchitis (<i>a</i>) Acute ...	—	2	—	2	—
Pneumonia (<i>a</i>) Lobar ...	—	1	1	1	—
VI.—DISEASES OF THE DIGESTIVE SYSTEM.					
Caries of Teeth ...	—	1	—	1	—
Gastritis ...	—	1	—	1	—
Diarrhœa and Enteritis, two years and over ...	—	2	—	2	—
Appendicitis ...	—	1	—	1	—
Other Affections of the In- testines ...	—	—	—	—	—
Intestinal Obstruction ...	—	1	—	1	—
VII.—DISEASES OF THE GENITO-URINARY SYSTEM. (NON- VENEREAL.)					
Schistosomiasis ...	—	1	—	1	—
Cystitis ...	—	1	—	1	—
Metritis ...	—	6	—	6	—
Other Affections of the Female Genital Organs ...	1	—	—	1	—
Carried forward ...	20	200	5	220	14

TABLE V. MBABANE HOSPITAL.—*Continued.*

Diseases.	Remaining in Hospital at end of 1928.	Yearly Admis- sions.	Total Deaths.	Total Cases Treated.	Remaining in Hospital at end of 1929.
Brought forward ...	20	200	5	220	14
VIII.—PUERPERAL STATE.					
(a) Normal Labour ...	—	1	—	1	—
Sequalæ of Labour ...	—	—	—	—	—
Vesico-Vaginal Fistula ...	—	1	—	1	—
IX.—AFFECTIONS OF THE SKIN AND CELLULAR TISSUES.					
Cellulitis ...	—	10	—	10	—
Other Diseases of the Skin ...	—	—	—	—	—
Eczema ...	—	4	—	4	—
X.—DISEASES OF BONES AND ORGANS OF LOCO- MOTION. (OTHER THAN TUBERCULOUS.)					
Osteitis ...	—	2	—	2	—
Synovitis ...	—	2	—	2	—
Other Diseases of Bones or Organs of Locomotion ...	2	—	—	2	—
XI.—MALFORMATIONS.					
Harelip ...	—	1	—	1	—
XIV.—AFFECTIONS PRO- DUCED BY EXTERNAL CAUSES.					
Burns (by Fire) ...	1	2	1	3	—
Wounds (by Firearms), War excepted ...	—	1	—	1	—
Wounds (by Cutting or Stab- bing Instruments) ...	—	5	—	5	—
Wounds (by Blows) ...	—	22	2	22	3
Sprains ...	—	4	—	4	—
Fractures ...	—	7	—	7	—
TOTAL ...	23	262	8	285	17

TABLE V.—*Continued.*

HOSPITAL OR INSTITUTION.

GOVERNMENT HOSPITAL, HLATIKULU.

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR
1929.

Diseases.	Remaining in Hospital at end of 1928.	Yearly Admis- sions.	Total Deaths.	Total Cases Treated.	Remaining in Hospital at end of 1929.
I.—EPIDEMIC, ENDEMIC AND INFECTIOUS DIS- EASES.					
Malaria (a) Tertian	—	13	—	13	—
Dysentery (a) Amœbic	—	5	—	5	—
Tuberculosis of Bones and Joints	—	1	1	1	—
Syphilis (b) Secondary	—	7	—	7	—
II.—GENERAL DISEASES NOT MENTIONED ABOVE.					
Alcoholism	—	1	—	1	—
Tumours (Non-malignant)	—	1	—	1	—
Other General Diseases	—	3	1	3	—
III.—AFFECTIONS OF THE NERVOUS SYSTEM AND ORGANS OF THE SENSES.					
Mental... ..	—	2	—	2	—
Hysteria	—	1	—	1	—
Epilepsy	—	1	—	1	—
Affections of the Organs of Vision	—	1	—	1	—
IV.—AFFECTIONS OF THE CIRCULATORY SYSTEM.					
Mitral Incompetence	—	1	—	1	—
V.—AFFECTIONS OF THE RESPIRATORY SYSTEM.					
Bronchitis, Acute	—	1	—	1	1
Pneumonia (a) Lobar	—	2	1	2	1
Carried forward	—	40	3	40	2

TABLE V. HLATIKULU HOSPITAL.—*Continued.*

Diseases.	Remaining in Hospital at end of 1928.	Yearly Admis- sions.	Total Deaths.	Total Cases Treated.	Remaining in Hospital at end of 1929.
Brought forward ...	—	40	3	40	2
VI.—DISEASES OF THE DIGESTIVE SYSTEM.					
Gastric Ulcer	—	1	—	1	—
Duodenal Ulcer	—	2	—	2	—
Gastric Colic	—	1	—	1	—
Appendicitis	—	2	—	2	—
Inguinal Hernia	—	1	1	1	—
VII.—DISEASES OF THE GENITO-URINARY SYSTEM. (NON- VENEREAL.)					
Stricture of Urethra ...	—	2	—	2	—
Prostatitis	—	1	—	1	—
Pyelitis	—	4	—	4	—
Hydrocele	—	4	—	4	—
Erosion of Cervix	—	2	—	2	—
Salpingitis	—	1	—	1	—
VIII.—PUERPERAL STATE.					
Obstructed Labour	—	1	—	1	—
IX.—AFFECTIONS OF THE SKIN AND CELLULAR TISSUES.					
Cellulitis	—	1	—	1	—
Ringworm	—	1	—	1	—
X.—DISEASES OF BONES AND ORGANS OF LOCO- MOTION. (OTHER THAN TUBERCULOUS.)					
Arthritis	—	1	—	1	—
Osteitis	—	1	—	1	—
Synovitis	—	2	—	2	—
XI.—AFFECTIONS PRO- DUCED BY EXTERNAL CAUSES.					
Burns (by Fire)	—	1	—	1	—
Suspected Poisoning ...	—	1	—	1	—
Wounds (by Blows) ...	—	14	—	14	—
Wounds (by Cutting or Stab- bing Instruments) ...	—	13	—	13	—
TOTALS	—	97	4	97	2

MISSION HOSPITAL, BREMERSDORP.

Number of In-patients treated—279. Total Deaths—7.

MISSION HOSPITAL, MAHAMBIA.

Number of In-patients treated—239. Deaths—Nil.

TABLE VI.

The number of Out-patients treated at the various Hospitals and Dispensaries was 13,055.

Two diagrams, A and B, representing in graphic form the incidence of infectious and other diseases, and based on the figures of cases treated in the Government Hospitals, accompany this report.

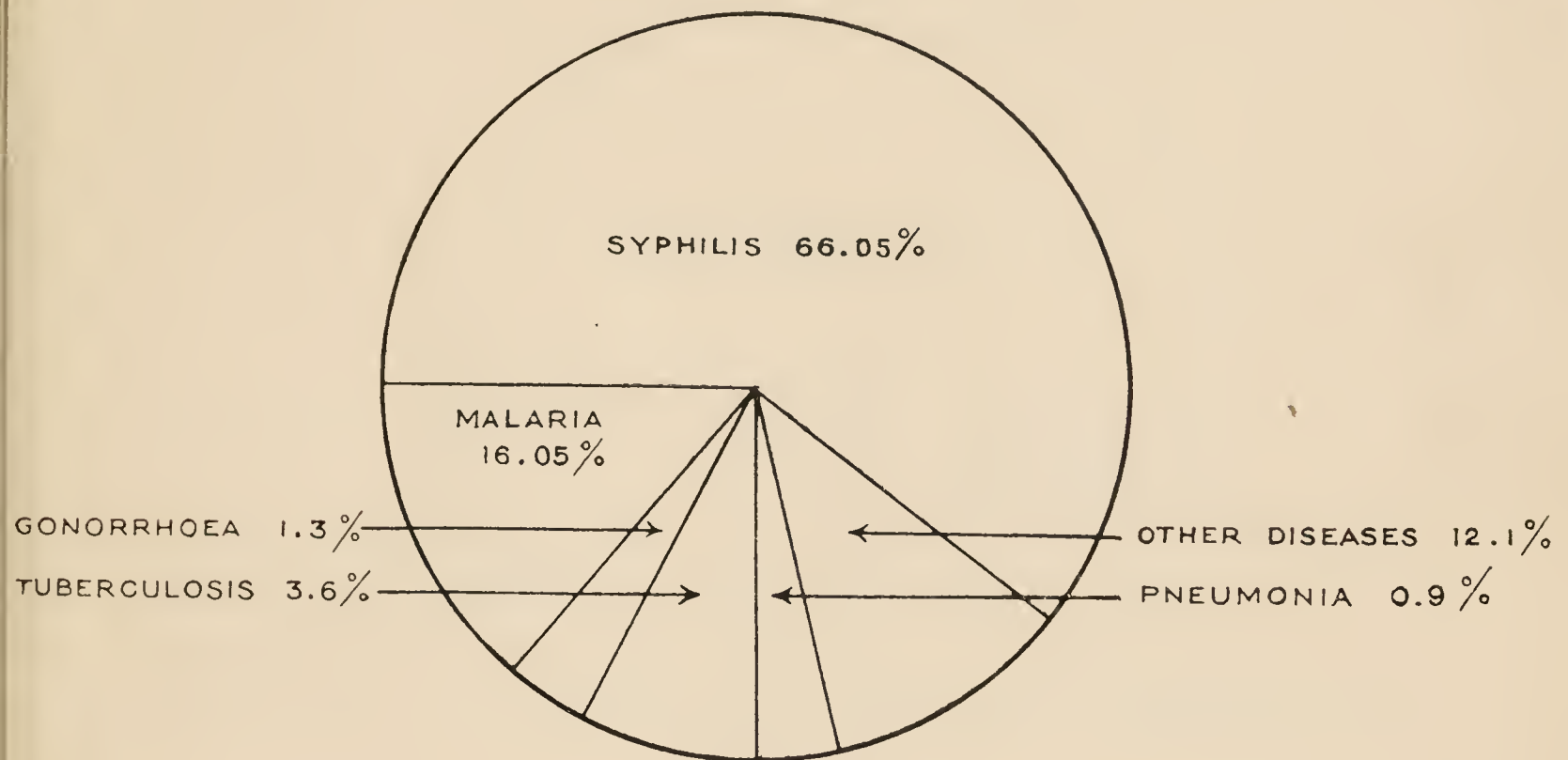
R. JAMISON,

Principal Medical Officer,

SWAZILAND.

INFECTIVE DISEASES.

TOTAL INCIDENCE - 222.



TOTAL DEATHS - 7.

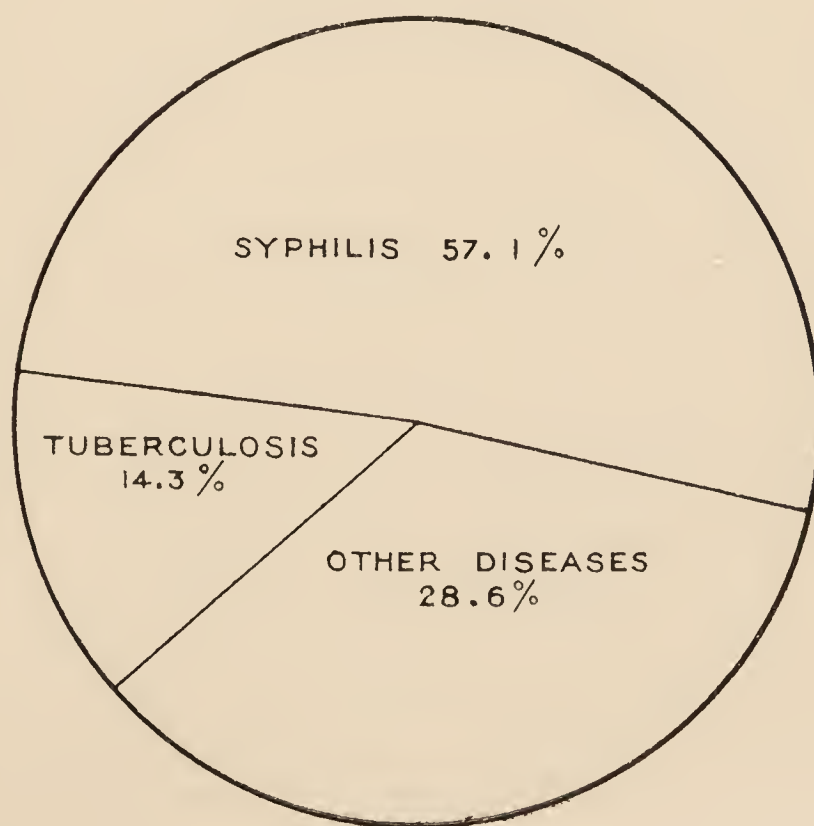
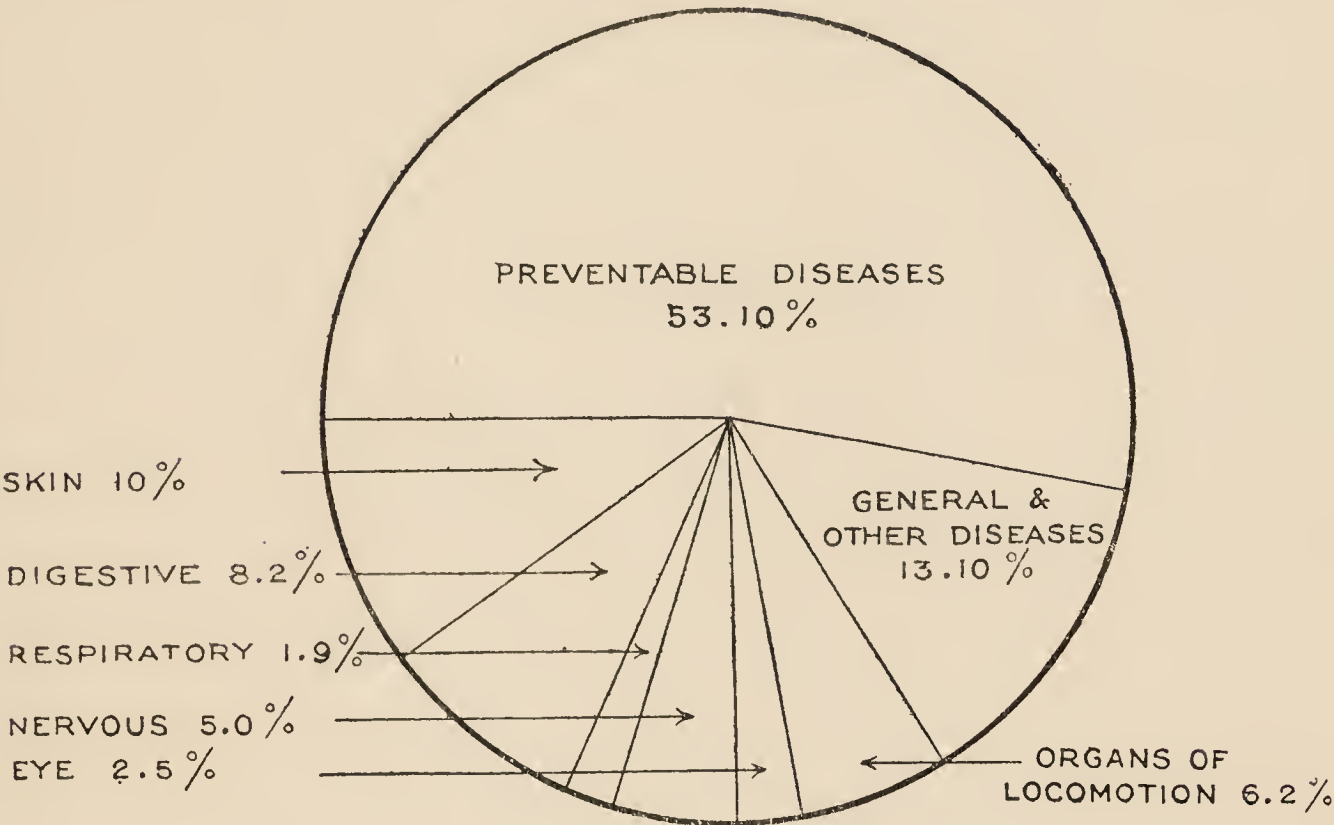


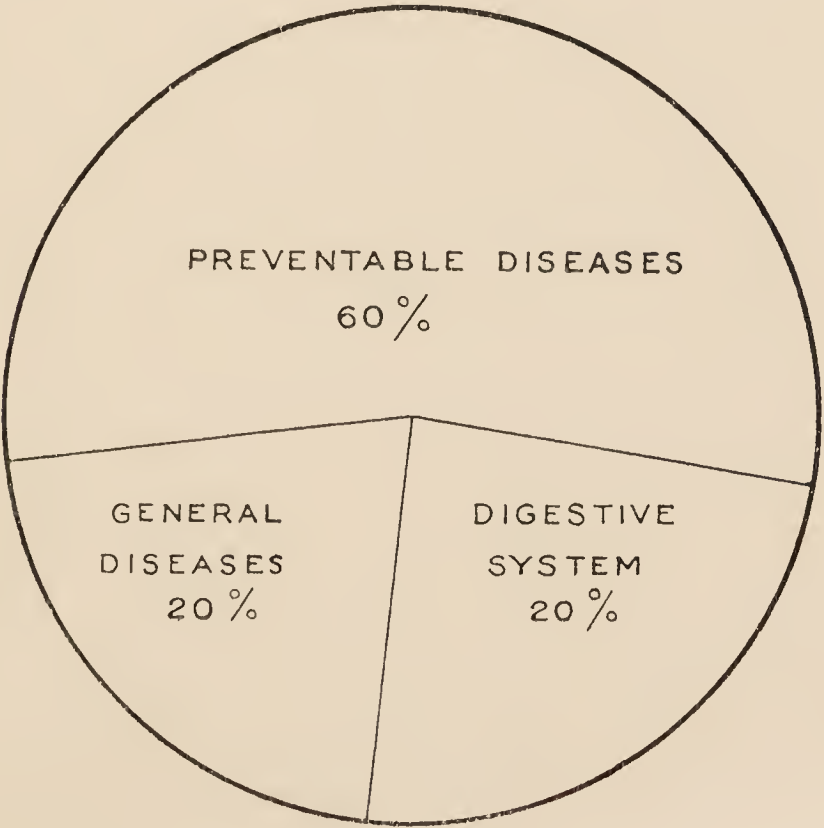
DIAGRAM B.

GENERAL, SYSTEMIC AND PREVENTABLE DISEASES.

TOTAL DISEASES - 160.



TOTAL DEATHS - 5.





16 JUN 1941